

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****FORM C/OH****2003 APR 23 AM 10:30****COVER SHEET PG 1****The C/OH INSTRUCTION GUIDE explains how to complete this form.****1 ACCOUNT #**  
(Ethics Commission filers)**2 Total pages filed:****3 CANDIDATE /  
OFFICEHOLDER  
NAME**TITLE FIRST MI  
*MR. MARTIN R.*  
NICKNAME LAST SUFFIX*CORDERO***OFFICE USE ONLY**

Date Received

**4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS**

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

☐ Change of Address

Date Hand-delivered or Date Postmarked

**5 CAMPAIGN  
TREASURER  
NAME**TITLE FIRST MI  
*MR. MARTIN R.*  
NICKNAME LAST SUFFIX*TIND**CORDERO**III*

Receipt #

Amount

Date Processed

Date Imaged

**6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)**

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

*250 BEXAR SAN ANTONIO TX, 78228***7 CAMPAIGN  
TREASURER  
PHONE**

AREA CODE PHONE NUMBER EXTENSION

*(210) 737 2102***8 REPORT TYPE**
☐ January 15    ☐ 30th day before election    ☐ Runoff    ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15    ☒ 8th day before election    ☐ Exceeded \$500 limit    ☐ Final report (Attach C/OH - FR)
**9 PERIOD  
COVERED**Month Day Year    THROUGH    Month Day Year  
*3 / 25 / 3*    *4 / 23 / 3***10 ELECTION**
ELECTION DATE    ELECTION TYPE  
Month Day Year    ☒ Primary    ☐ Runoff    ☐ General    ☐ Special  
*5 / 3 / 3*
**11 OFFICE**

OFFICE HELD (if any)

**12 OFFICE SOUGHT (if known)****13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS**

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

*NONE*

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

2003 APR 23 AM 11:20

**FORM C/OH  
COVER SHEET PG 2****14 C/OH NAME***MARTIN CORDERO***15 ACCOUNT #** (Ethics Commission filers)**16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME***N/A***COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 NO REPORTABLE  
ACTIVITY**☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

*N/A***EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

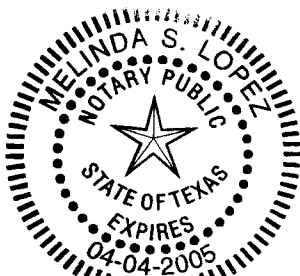
4. TOTAL POLITICAL EXPENDITURES

\$

*945.00***OUTSTANDING  
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

**19 AFFIDAVIT**

AFFIX NOTARY STAMP HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Martin Cordero*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Martin Cordero*, this the *23rd* day of *April*, 20 *03*, to certify which, witness my hand and seal of office.*Melinda S. Lopez*

Signature of officer administering oath

*Melinda S. Lopez*

Printed name of officer administering oath

*Notary*

Title of officer administering oath



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

2003 APR 23 AM 11:20

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

MARTIN CORDERO

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/23/3

5 Payee name

MARTIN CORDERO

6 Payee address; City; State; Zip Code

1226 Avant SAN ANTONIO TX. 78210

7 Purpose of expenditure (See instructions regarding type of information required.)

SIGNS, STAKES, STAPLES, GAS, FLIERS

8 Amount (\$)

\$945.00

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

